

AO 435 AZ Form (Rev. 1/2015)				Administrative Office of the United States Courts TRANSCRIPT ORDER				FOR COURT USE ONLY DUE DATE:	
1. NAME Mark O'Connor				2. PHONE NUMBER 602 530-8594		3. DATE 1/12/2017			
4. FIRM NAME Gallagher & Kennedy, P.A.									
5. MAILING ADDRESS 2575 E Camelback Rd Suite 1100				6. CITY Phoenix		7. STATE AZ		8. ZIP CODE 85016	
9. CASE NUMBER MDL 15-02641 PHX DGC			10. JUDGE Judge Campbell			DATES OF PROCEEDINGS 11. 12/15/2017 12.			
13. CASE NAME Bard IVC Filters Products Liability Litigation				LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE AZ					
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)									
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)									
<input type="checkbox"/> OPENING STATEMENT (Defendant)									
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING				Status Conference		12/15/2017			
<input type="checkbox"/> BAIL HEARING									
18. ORDER									
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)			ESTIMATED COSTS		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY					
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)					
7 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>							
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>							
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>							
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS mark.oconnor@gknet.com					
19. SIGNATURE				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.					
20. DATE 1/12/2018									
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL					
ORDER RECEIVED	DATE	BY	PROCESSED BY			PHONE NUMBER			
DEPOSIT PAID			DEPOSIT PAID						
TRANSCRIPT ORDERED			TOTAL CHARGES						
TRANSCRIPT RECEIVED			LESS DEPOSIT						
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED						
PARTY RECEIVED TRANSCRIPT			TOTAL DUE						

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ORDER RECEIPT

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